



STATE OF NEW JERSEY  
PUBLIC EMPLOYMENT RELATIONS COMMISSION  
PO Box 429  
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery  
495 West State St.  
Trenton, NJ 08618

REQUEST FOR THE APPOINTMENT OF  
A SUPER CONCILIATOR

Phone: 609-292-9898

www.state.nj.us/perc

Fax: 609-777-0089

<b>INSTRUCTIONS:</b> File an original and 4 copies of this request with the Director of Conciliation. If more space is required for any item, attach additional sheets, numbering items accordingly.		<b>DO NOT WRITE IN THIS SPACE</b>	
		<b>DOCKET NO.</b>	
		<b>DATE FILED:</b>	
As of the date of this request the public employer and the majority representative have failed to reach a voluntary negotiated agreement within 20 days of the issuance of a fact-finder's report. It is requested that a super conciliator be appointed in accordance with the New Jersey Employer-Employee Relations Act, <i>N.J.S.A. 34:13A-34</i> , and the Commission's Rules.			
<b>1. PUBLIC EMPLOYER</b>			
Full Name:		County:	
Address of Employer (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
		E-Mail Address:	
Attorney/Consultant Representing Public Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
E-Mail Address:			
<b>2. MAJORITY REPRESENTATIVE</b>			
Full Name:			
Address of Majority Representative (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
		E-Mail Address:	
Attorney/Consultant Representing Majority Representative (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
E-Mail Address:			
<b>3. NAME OF FACT-FINDER:</b>			
<b>4. IS THIS A JOINT REQUEST?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5. CERTIFICATION</b> (If this is a Joint Request, it must be signed by representatives of both parties).			
I (we) declare that I (we) have read the above request and that the information is true to the best of my (our) knowledge and belief.			
_____		_____	
Requesting Party and Affiliation, If Any		Requesting Party and Affiliation, If Any	
By _____		By _____	
(Signature of Representative)      (Title)		(Signature of Representative)      (Title)	
Date _____		Date _____	